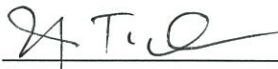


1 **NOW BE IT THEREFORE RESOLVED**, the Consolidated Commission on Utilities,
2 as the Governing Body of the Guam Waterworks Authority, does hereby adopt the attached
3 Wellness Program as set forth in Exhibit A for both the Guam Power Authority and the Guam
4 Waterworks Authority. The General Managers for both utilities are hereby directed to take
5 such reasonable steps as are necessary to implement the Wellness Program in an expedient
6 manner.

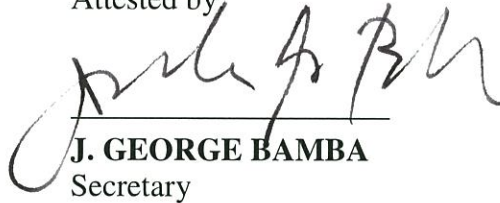
7
8 **RESOLVED**, that the Chairman certified and the Board Secretary attests to the
9 adoption of this Resolution.

10
11 **DULY AND REGULARLY ADOPTED**, this 25th day of August, 2015.

12
13 Certified by:

14
15 
16 **JOSEPH T. DUENAS**
17 Chairperson

Attested by:

18
19 
20 **J. GEORGE BAMBA**
21 Secretary

22
23 I, **J. George Bamba**, Board Secretary of the Consolidated Commission on Utilities as
24 evidenced by my signature above do hereby certify as follows:

25
26 The foregoing is a full, true and accurate copy of the resolution duly adopted at a
27 regular meeting by the members of the Guam Consolidated Commission on Utilities,
28 duly and legally held at a place properly noticed and advertised at which meeting a
29 quorum was present and the members who were present voted as follows:

30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854
855
856
857
858
859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
876
877
878
879
880
881
882
883
884
885
886
887
888
889
890
891
892
893
894
895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
940
941
942
943
944
945
946
947
948
949
950
951
952
953
954
955
956
957
958
959
960
961
962
963
964
965
966
967
968
969
970
971
972
973
974
975
976
977
978
979
980
981
982
983
984
985
986
987
988
989
990
991
992
993
994
995
996
997
998
999
1000



EXHIBIT A

PROJECT PROPOSAL

Worksite Wellness Program

I. Summary

There are many Guam Power Authority and Guam Waterworks Authority (GPWA) employees who are affected by non-communicable diseases (NCD)*. Or worse, have passed by a preventable NCD.

GPWA would benefit from a worksite wellness program by offering its employees an opportunity to enhance their health, quality of life, and productivity. The Gov. Guam Worksite Wellness Program (WWP) offers this opportunity.

The WWP was established to develop healthy and well-motivated employees who are productive. The program is expected to improve participating employees' over-all work performance to include providing better service, less absenteeism related to health problems, and increase efficiency in the workplace.

Each participating agency designates Health Coaches to coordinate activities and keep records of each participating employee. Health Coaches will also evaluate participants' progress and ensure that employees are accountable for their activity.

The program will also give GPWA the network to collaborate with other participating Gov. Guam agencies and community partners in the Non Communicable Disease Consortium**, to ensure a productive program and to keep employees informed of present NCD issues. This consortium group, of which the Health Coaches are a part of, meets once a month.

A great incentive for employees to participate in the Gov. Guam Worksite Wellness program is the quarterly raffle drawings held at the NCD Consortium meetings. For every activity tracked by the

Health Coaches, the participant receives credit for raffle tickets. There are multiple prizes that are given away and a grand prize, worth over \$1,000.

* Non-communicable diseases are heart disease, stroke, cancer, diabetes, asthma, etc.

**A NCD Consortium was established to reduce the burden of NCD in the community. The program addresses smoking, nutrition, alcohol, physical activity and obesity.

II. Introduction

In the wake of losing two GWA employees in same month of December, 2014, there was a realization that there are many GPWA employees that would benefit from a worksite wellness program, such as the Gov. Guam Worksite Wellness program (WWP).

This WWP includes guidelines on monitoring and evaluation to ensure accountability of each employee and to determine the success of the program. Health coaches are designated to coordinate the program, account for employee participation, and represent their agency at Non Communicable Disease (NCD) Consortium meetings.

At the moment, I, Melissa Schaible, Lou Palomo, & Julius Bermudez have volunteered to be GWA Health Coaches. A need for more coaches will be needed due to employees located in different locations around the island and the team sport practices that would not be on GPWA properties.

Health Coach Duties:

- Plan and implement worksite wellness activities (classes – cooking, nutrition, stress reduction, smoking cessation, etc.) and support activities (weight reduction contest, groups – walking, running, swimming, and sport teams).
- Attend monthly NCD Consortium meetings w/other Gov. Guam agency health coaches for updates, feedback, collaborative efforts, and support.
- Ensure participant files are organized, updated and kept confidential.
- Keep records of employee participation.
- Assess participant progress.

Employee Participation:

- Complete registration and medical clearance form that are submitted to their designated Health Coach.
- Complete lifestyle questionnaire, submitted to Health Coach.
- Sign in with their health coach, at the end of every activity.

For every activity that an employee participates, he/ she are awarded raffle tickets to quarterly drawings.

Examples of prizes:

- Gas cards
- \$100 gift certificates to Payless
- Smartphones
- Round-trip ticket to Philippines with Full Executive check-up

Participating Gov. Guam full-time employees are given three (3) – one hour workouts per workweek. There are suggested times for activities: one hour at the start of a work shift, or one hour before or after their lunch hour, or one hour before the end of a work shift. The hour is to include any transportation and locker room time.

Participation would also include any activities not on GPWA property, such as activities planned by other agencies that GWA is invited and 5K events that are generally held on Saturdays. Also, team sport practices held at gyms and fields around Guam.

III. Needs/Problems

Identify the needs or problems to be addressed. Include the target population and any statistical information that you may have.

Ideas for information to include here are:

- Length of time needs/problems have existed
- Whether problem has ever been addressed before, and what the outcome was
- Impact of problem to target population
- Impact of problem to surrounding populations

IV. Goals/Objectives

State the desired goals and objectives to address the needs/problems stated above. Also include key benefits of reaching goals/objectives.

- Goal 1
- Goal 2
- Goal 3

V. Procedures/Scope of Work

Provide detailed information about proposed procedures, if available, and the scope of work. Include information on activities such as recruiting, training, testing, and actual work required.

VI. Timetable

Provide detailed information on the expected timetable for the project. Break the project into phases, and provide a schedule for each phase.

	Description of Work	Start and End Dates
Phase One		
Phase Two		
Phase Three		

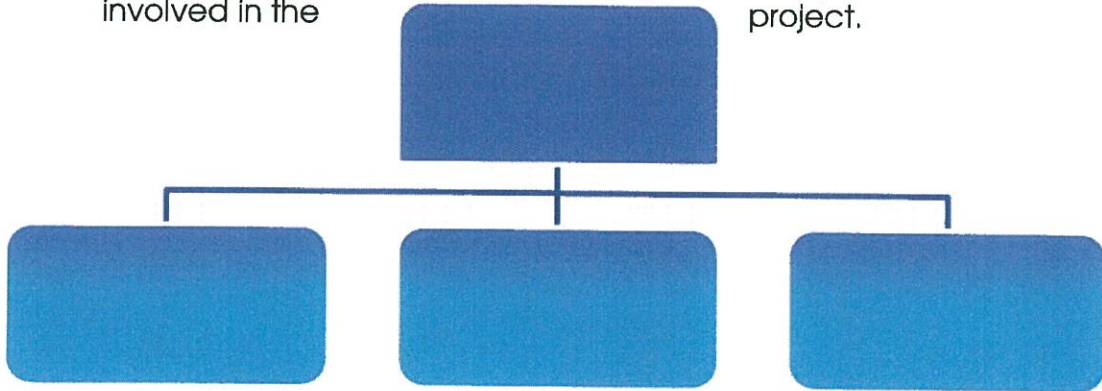
VII. Budget

State the proposed costs and budget of the project. Also include information on how you intend to manage the budget.

	Description of Work	Anticipated Costs
Phase One		
Phase Two		
Phase Three		
	Total	\$ 0.00

VIII. Key Personnel

List the key personnel who will be responsible for completion of the project, as well as other personnel involved in the project.



IX. Evaluation

Discuss how progress will be evaluated throughout and at the end of the project.

X. Endorsements

Patrick Luces, Program Coordinator, DPHSS, 735-7500, patrick.luces@dphss.guam.gov

The names and addresses of individuals and companies who support and endorse the GPWA worksite wellness activities/teams would be placed here. (GWA wellness event participants)

XI. Next Steps

Specify the actions required of the readers of this document.

- Next Step 1
- Next Step 2
- Next Step 3

XII. Appendix

Provide supporting material for your proposal here.

GPWA Worksite Wellness Program

<u>Item</u>	<u>Venue</u>	<u>Content</u>		
Social Media	Facebook	employee activities		
	Twitter			
	Instagram			
Monthly Newsletter	email	updates		
	Facebook	activities calendar		reminder of present or last quarter prize list
		statistics		
		stories/ achievements		
Activities		NCD meeting info.		
		Tip of the month		Workspace Ergonomics
		Biggest Loser Contest - 10 weeks		
	social media	T25 - 10 weeks		Back Care Sleep
	email	21-day Fix - 3 weeks		

Health insuranc - did you know?

Healthy eating

GUAM POWER AUTHORITY
Authority Policy

No: AP-047 Issued: 11/19/99

Prepared by: *Amalia Tores Carbone*
AMALIA TORES CARBONE
Personnel Services Administrator

Title: **EMPLOYEE FITNESS AND
WELLNESS PROGRAM**

Approved by: *Joseph B. Leon Guerrero*
JOSEPH B. LEON GUERRERO
Acting General Manager

Effective

Date: NOVEMBER 19, 1999

Supersedes No.

Page 1 of 6

I. STATEMENT OF POLICY

The Guam Power Authority is committed to maintaining a safe, healthful and productive work environment for each employee. The employees are the Authority's most valuable resource and therefore, their health and well being is a serious concern.

Employees with healthy lifestyles have fewer illnesses and injuries, and recover from illnesses and injuries faster. An employee who participates in regular physical activity has increased cardiovascular endurance. Those employees who eat low fat diets, refrain from smoking and get adequate rest are adding years to their lives. Employees who do all of the above are more alert, have a better mental attitude, and deal more effectively with the stress and rapid change that is a component of the world work.

This fitness and wellness program is an excellent way for Guam Power Authority to show the employees that they care and at the same time they are improving the overall physical and mental health of the Authority.

As a part of GPA's commitment, all employees are encouraged to participate. Employees who elect to participate in the Fitness and Wellness Program must complete the Registration Form (FWP Form A). The employees, who do not elect to participate in the program, are not authorized to use the time allotted for any personal business.

Participation in the fitness and wellness program is a benefit and a privilege, not a right. Therefore, the mission of the Authority takes immediate precedence over the fitness and wellness program.

II. PROGRAM PROCEDURES

The Authority will allow an employee during the normal working hours up to one hour and not to exceed 3 times a week for participation in a fitness and wellness program. The

CODES: *REVISED #ADDED

allotted hour is inclusive of preparation time, personal hygiene and travel time back to the work site. The time provided by the Authority is not cumulative.

A Statement of Medical Clearance (FWP Form B), Medical Clearance Waiver Statement (FWP Form C) and a Health Risk Assessment Questionnaire (FWP Form D) are required of the program participants. If an employee opts not to obtain a medical clearance, the employee must sign a statement removing any liabilities from the Authority as a result of his participation. These documents shall be filed with Fitness and Wellness Coordinator and are separate from the employee's personnel files. All fitness and wellness documents are kept confidential. Unless authorized by the employee, no one may have access to the fitness and wellness program records.

Participants in the program must provide their fitness and wellness program schedules to the Division representative and the immediate supervisor.

Employees participating in any fitness and wellness programs other than the Authority's program will incur all costs at their expense.

As a participant of this program, employees must complete the health screening and good nutrition programs when scheduled by the Fitness and Wellness Coordinator.

A. Health Screening Program

The Department of Public Health and Social Services will conduct health screens for all GPA participants on a semi-annual basis. The following types of health screening will be provided:

1. Blood Pressure
2. Pulse
3. Cholesterol
4. Body Fat

B. Good Nutrition Program

Diet plays an integral role in how an employee feels and performs every day. The Department of Public Health and Social Services will conduct good nutrition classes for all GPA participants on a quarterly basis.

C. Physical Fitness Program

Fitness can be described as a condition that helps us look, feel and do our best. It is the ability to perform daily tasks vigorously and alertly, with energy left over for enjoying leisure-time activities and meeting emergency demands. It is the ability to endure, to bear up, to withstand stress, to carry on in circumstances where an unfit person could not continue. It is a basis for good health and well-being. It also plays an integral role in how an employee feels and performs every day. Fitness is an individual quality that varies from person to person. It is influenced by age, sex, heredity, personal habits, exercise and eating practices.

1. Participants will select one of the following options in which they will undergo their fitness program.

Option 1	11:00 a.m. to 12:00 p.m. 12:00 p.m. to 1:00 p.m.	Fitness Program Lunch
Option 2	11:30 a.m. to 12:30 p.m. 12:30 p.m. to 1:30 p.m.	Fitness Program Lunch
Option 3	12:00 p.m. to 1:00 p.m. 1:00 p.m. to 2:00 p.m.	Fitness Program Lunch
Option 4	4:00 p.m. to 5:00 p.m.	Fitness Program

2. All employees must be in work status while participating in the fitness program.
3. All employees must sign the Waiver of Liability (FWP Form E) before engaging in the exercise program.
4. Once an employee selects which days, times and location of exercise, he must complete the Activity Sheet (FWP Form F) for his immediate supervisor's concurrence and the Division Manager's approval. A copy must be forwarded to the Authority's Fitness and Wellness Coordinator. It is the participant's responsibility to advise the Fitness and Wellness Coordinator of any changes to his exercise program schedule(s).

CODES: *REVISED #ADDED

5. All GPA employees must time-in/time-out upon departing and returning to the work site. The Fitness and Wellness Coordinator will provide a monthly report of participating employees to the General Manager. Any discrepancies on the Fitness and Wellness Time Sheet (FWP Form G) will forfeit the participant's privilege and he must sign leave for such absence.
6. If a participant's exercise program utilizes a fitness center, the Fitness and Wellness Coordinator will make necessary arrangements with the manager of the center. However, if the exercise program does not utilize a facility, participants must have their activities acknowledged by the Fitness and Wellness Coordinator.
7. All participants must be at their scheduled locations and designated times performing their exercise program. Participation is a privilege and not a right. Any abuse of this privilege will result in removal from the program and disciplinary action.
8. All participants are held accountable for their actions while participating in the Fitness and Wellness program.
9. The following are suggested exercise activities as well as locations.

Exercise Activities

Aerobics
 Weight training
 Cardiovascular workouts
 Walking / Biking / Jogging
 Swimming
 Bowling
 Roller Blading

Locations

Fitness Centers or gyms
 Fitness Centers or gyms
 Fitness Centers or gyms
 Tiyan or Paseo Stadium
 Ypao Beach or Agana Pool
 Central Lanes
 Paseo Stadium

10. The following are suggested tips to help make exercise a habit.
 - Choose an activity you enjoy.
 - Tailor your program to your own fitness level.
 - Set realistic goals.

- Choose an exercise that fits your lifestyle.
- Give your body a chance to adjust to your new routine.
- Don't get discouraged if you don't see immediate results.
- Don't give up if you miss a day; just get back on track the next day.
- Find a partner for a little motivation and socialization.
- Build some rest days into your exercise schedule.
- Listen to your body.

D. Employee Assistance Program

When an employee is faced with personal problems, such problems have a tendency to impact his work performance.

The Authority will provide referral services for employees faced with personal problems (i.e. counseling, substance abuse, stress management, smoking cessation). All matters regarding EAP services are held at strict confidence.

GPA is not only committed in promoting the health of the employee through a physical fitness program but also, his mental well-being.

EAP services are available to GPA employees as a part of the Fitness and Wellness Program.

III. BENEFITS OF THE FITNESS AND WELLNESS PROGRAM

Today, there is a growing emphasis on looking good, feeling good and living longer. A major key to achieving these ideals is fitness and wellness.

Along with commitment and determination, regular exercise in combination with a sensible diet can help provide an overall sense of well-being and can even help prevent chronic illness, disability and premature death.

The following are some of the benefits of fitness and wellness:

- #### A. Improved Health
- Increased efficiency of heart and lungs
 - Reduced cholesterol levels
 - Increased muscle strength

CODES: *REVISED #ADDED

- Reduced blood pressure
 - Reduced risk of major illnesses such as diabetes and heart disease
 - Weight loss
- B. Improved Sense of Well-Being
- More energy
 - Less stress
 - Improved quality of sleep
 - Improved ability to cope with stress
 - Increased mental acuity
- C. Improved Appearance
- Weight loss
 - Toned muscles
 - Improved posture
- D. Enhanced Social Life
- Improved self-image
 - Increased opportunities to make new friends
 - Increased opportunities to share an activity with friends or family members
- E. Increased Stamina
- Increased productivity
 - Increased physical capabilities
 - Less frequent injuries
 - Improved immunity to minor illnesses

CODES:	*REVISED	#ADDED
---------------	-----------------	---------------

GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM

PARTICIPANT'S REGISTRATION FORM

Name: _____ Date of Birth _____ Age: _____
Sex: M [] F []

Department: _____ Section: _____

In case of emergency, please contact:

_____ Tel No: [H] _____
[W] _____

_____ Date: _____
(Signature)

**GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM**

Statement of Medical Clearance

I, _____ do not have any medical problems or conditions that
(PRINT FULL NAME)

would preclude me from participating in physical fitness and wellness activities, I understand that is my responsibility to obtain medical clearance, at no cost to the government within thirty (30) days, prior to participating in physical fitness and wellness programs. Furthermore, should I incur any injury or injuries while performing physical fitness and wellness activities, Guam Power Authority / Government of Guam will not be liable and responsible for the medical care and services provided to me.

(Signature)

Date: _____

**GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM**

Medical Clearance Waiver Statement

I, _____ (Circle below whichever is applicable)
(PRINT FULL NAME)

- * Elect to participate in physical fitness and wellness programs without medical clearance
- * Do have medical problem(s) or condition(s) that would hinder my participation in fitness and wellness activities.

I understand that it is my responsibility to obtain medical clearance, at no cost to Guam Power Authority, prior to participating in physical fitness and wellness programs. Further more should I incur any injury or injuries that increases my medical problem(s) or condition(s) while performing physical fitness and wellness activities, I understand and acknowledge that I am liable and responsible for the medical care and services provided to me.

(Signature)

Date: _____

FITNESS ACTIVITIES

- Yes No 1. Are you interested in individual exercise activities ?
- Yes No 2. Are you interested in group exercise activities ?

Please check the following activities you would like your agency or company to offer:

- | | |
|---|--|
| <input type="checkbox"/> Walk / Jog program | <input type="checkbox"/> Stationary exercise equipment |
| <input type="checkbox"/> Aerobic classes | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> Basketball games | <input type="checkbox"/> Weight room |
| <input type="checkbox"/> Volleyball games | <input type="checkbox"/> Softball games |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Other: |

WELLNESS TOPICS

- | | |
|--|--|
| <input type="checkbox"/> Nutrition / Education | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> High Blood Pressure Screening / Control | <input type="checkbox"/> First Aid / CPR |
| <input type="checkbox"/> Cholesterol Reduction Education | <input type="checkbox"/> Diabetes Education |
| <input type="checkbox"/> Alcohol / Drug prevention Education | <input type="checkbox"/> Others: _____ (Specify) |

PURPOSE

The purpose of this information is to obtain and identify your needs in reducing several risk factors associated with chronic diseases: Such as coronary heart disease, stroke and diabetes which are common on our island.

CONSENT

I hereby provide consent to the Guam Power Authority, to use this data as stated above, with the understanding that all personal information reported here will remain strictly confidential.

Signature : _____

Date: _____

**GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM**

WAIVER of LIABILITY

I, _____, the undersigned, and employee of Guam Power Authority,
(Print Name in Full)

acknowledge the following:

- 1) Guam Power Authority has established a Physical Fitness and Wellness Program, hereinafter referred to as the "Guam Power Authority, Physical Fitness and Wellness Plan".
- 2) Guam Power Authority is in accordance to Executive Order 98-21, relative to implementing the government of Guam Physical Fitness and Wellness Program, signed and promulgated on July 29, 1998.
- 3) I have read Guam Power Authority's Physical Fitness and Wellness Program and understand that it is offered as a benefit to me, and is an opportunity to increase my physical and mental fitness.
- 4) I may not engage in any dangerous activities during the Program and I am free, having been encouraged by Guam Power Authority, to choose the activity that is safest for me.

In consideration of Guam Power Authority for extending the opportunity to participate in the Program, I for myself and anyone entitled to act on my behalf, hereby waive and release Guam Power Authority management, employees, and their representatives from all claims or liabilities of any kind arising out of my participation in this program.

Signature of Employee

Date: _____

Acknowledge by: _____

(Fitness & Wellness Coordinator)

Date: _____

GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM

ACTIVITY SHEET

Name of Employee: _____
Division/Section: _____

Date: _____

***Note: Administrative hours shall be one (1) hour per day, not to exceed three (3) hours per week
Attendance shall be acknowledged by facility staff or certified by assigned physical fitness and
wellness division representative.*

Time	Type of Activity	Place or Facility

Acknowledged: _____

Immediate Supervisor: _____
(Print/Sign Name)

Date: _____

Division Manager: _____
(Print/Sign Name)

Date: _____

Fitness & Wellness Coordinator: _____
(HR Representative)

Date: _____

**GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM**

HEALTH RISK ASSESSMENT QUESTIONNAIRE

PERSONAL HISTORY

Name: _____

Date: _____

Section: _____

Job Title: _____

Ethnicity: _____

Tel. No: _____

MEDICAL HISTORY

- [] Yes [] No 1. Have you ever been diagnosed with:
* Heart problem
* Stroke
* Diabetes
* High blood pressure
* High blood cholesterol
* Other: _____ (Specify)
- [] Yes [] No 2. Are you on medications(s)?
- [] Yes [] No 3. Have you undergone surgery? If Yes, Date: _____ What?
- [] Yes [] No 4. Have you ever experienced recurring back or neck pain ?
- [] Yes [] No 5. At times, do you experience stress ?
- [] Yes [] No 6. Have you ever attempted to lose weight?
- [] Yes [] No 7. Do you exercise ?
- [] Yes [] No 8. Do you smoke ?
- [] Yes [] No 9. Do you drink alcohol ?
- [] Yes [] No 10. Do you eat 5 or more servings of fruits and vegetables a day ?
11. When was the last time you had a complete physical examination ?